

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Approved for use through 10/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63)	Express Mail No.	EV 401693352 US
	Attorney Docket Number	07185-006
	First Named Inventor	Josephin Meyer
	COMPLETE IF KNOWN	
	Application Number	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Supplemental Declaration Submitted <input type="checkbox"/> Declaration Submitted for Continuation-In-Part Filing <input type="checkbox"/> Declaration Submitted for Divisional Filing	Filing Date	herewith
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Process and Means for Disintegrating Compressed Material Bales

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) []

as United States Application Number or PCT International

Application Number []

and was amended on (MM/DD/YYYY) []

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Certified Copy Attached?	
103 15 844.8	DE	12/31/2003	YES	NO
			<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Don't Forget Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you required to complete this form should be sent to Mail Stop Comments - Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO: ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0951-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **029493** OR ☐ Correspondence address below

Name **Robert C. Haldiman**

Address **190 Carondelet Plaza, Suite 600**

City **St. Louis**

State **MO**

ZIP **63105**

Country **USA**

Telephone **309-637-4900**


Fax **309-637-4928**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) **Joachim**

Family Name
or Surname **Meyer**

Inventor's
Signature **X** 

Date **X 31/03/04**

Residence:
City **Twistringen**

State
Twistringen

Country
Germany

Citizenship
German

Mailing Address **Lameyerskamp 8**

City **Twistringen**

State
Twistringen

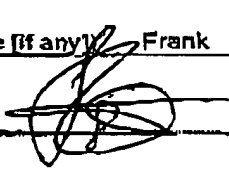
ZIP
D-27239

Country
Germany

NAME OF SECOND INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) **Frank**

Family Name
or Surname **Stöver**

Inventor's
Signature **X** 

Date **X 31/03/04**

Residence:
City **Twistringen**

State
Twistringen

Country
Germany

Citizenship
German

Mailing Address **An der Sandkuhle 4**

City **Twistringen**

State
Twistringen

ZIP
D-27239

Country
Germany

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Express Mail No.: EV 401693352 US

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number

Filing Date

herewith

First Named Inventor

Joachim Meyer

Title

Process and Means for
Disintegrating Material Bales

Group Art Unit

Examiner Name

Attorney Docket Number

67185-006

I hereby appoint:

☒ Practitioners at Customer Number
OR

029493

Place barcode label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

☒ Firm or Individual Name: Robert C. Haldiman, #45,437

Address: Husch & Eppenger, LLC

Address: 190 Carondelet Plaza

City: St. Louis

State

MO

Zip

63105

Country: USA

Telephone: 309-637-4900

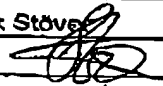
Fax

309-637-4928

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).**SIGNATURE of Applicant or Assignee of Record**

Name: Frank Stöve

Signature: X 

Date: X 31/03/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

Mention that Statement This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to Mind Shop Comments - Patents, P.O. Box 1450, Alexandria, VA 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

C:\PEORIA\WALDMAR\FORM0160199.01

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/81 (02-01)
Approved for use through 10/31/2002, OMB 0551-0039
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Express Mail No.: EV 401693352 US

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	herewith
First Named Inventor	Joachim Meyer
Title	Process and Means for Disintegrating Material Balas
Group Art. Unit	
Examiner Name	
Attorney Docket Number	67185-006

I hereby appoint:

☒ Practitioners at Customer Number
OR

029483

Place barcode label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Firm or Individual Name	Robert C. Haldiman, #45,437				
Address	Husch & Eppenberger, LLC				
Address	190 Carondelet Plaza				
City	St. Louis	State	MO	Zip	63105
Country	USA				
Telephone	309-637-4900	Fax	309-637-4928		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Joachim Meyer
Signature	X
Date	X 3/10/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to Mail Stop Communications - Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

G:\PEORIA\HALDIMAN\FORM\0160198.01